

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED
 96 SEP 23 PM 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000094475**

1. Corporation Name
THE ANDOLINA GROUP, INC.

Principal Place of Business Mailing Address
8430 BERMUDA DUNES DR. ORLANDO FL 32819

500001965125
 -10/04/96--01049--017
 ***383.75 ***383.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/13/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3347458	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 9600

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANDOLINA, C.T.	8430 BERMUDA DUNES DR.	ORLANDO FL 32819

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANDOLINA, C.T. 8430 BERMUDA DUNES DR. ORLANDO FL 32819		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *C.T. Andolina* REGISTERED AGENT MUST SIGN Date: 9-17-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *C.T. Andolina* - C.T. ANDOLINA Date: 9-17-96 Daytime Phone #: 407-256-2388